									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									K0471140.2				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER	THAN	
TOTAL CLAIMS			1				-	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	EE 385.0	OB	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS) minus 20=		· 0			X\$ 9=	:	OR	Yasa		
INDEPENDENT CLAIMS			minus 3 =		0			X43=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	-	OR	TOTAL	770	
(Column 1) (Column 2) (Column 3)								SMAI	L ENTITY	 OR	OTHER		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI	7	RATE	ADDI- TIONAL FEE	
	Total	. 45	Minus		0	= 15		X\$ 9=		OR	X\$18=	750	
	Independent	· 6	Minus	*** 2		- 3		X43=	1	OR	X86=	600	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=					
·								TOT/		OR	TOTAL	Dnin	
(Column 1) (Column 2) (Column 3)								ODIT. FE	E	OR	ADDIT. FEE	PHIL	
		(Column 1) CLAIMS	}	HIGH		(Column 3)	ı		ADDI-	٦.		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONA	4	RATE	TIONAL FEE	
	Total·	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***				X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PLE DEPENDENT CLAIM				+145=		OR	+290=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
	Total ·	•	Minus	**		-		X\$ 9=		OR	X\$18=		
	Independent	t .	Minus	***		8		X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												·	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPTION TOTAL ADDIT. FEE ADDIT. FEE													
		ber Previously Paid					r foui	nd in the a	appropriate t	ox in co	lumn 1.		

FORM PTO-875 (Rev. 10/03)

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